SATURDAY, MARCH 13, 1875.

ORIGINAL COMMUNICATIONS.

ON THE USE OF IODIDE OF POTASSIUM IN SYPHILIS.

BY JOSEPH R. BECK, M.D.,
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AT the meeting of the Indiana State Medical Society for 1874, I was appointed to read a paper on the iodide of potassium, in 1875.

This article will comprise extracts from the said paper only in so far as they are pertinent to the subject above stated, will be very practical, and make not the least pretension to scientific research. It has been hastily thrown together by reason of what I deem to be fallacious teaching, as found in a paper in the *American Journal of the Medical Sciences* for January, on "The Use of Mercury in the Late Stages of Syphilis," by Dr. Fred. R. Sturgis, of New York.

I decline any scientific controversy in the matter at present, because my data, although very numerous, are not yet sufficient "to establish the theory convincingly" by the only way in which this can be done,—namely, the production of overwhelming statistical statements. However, I am pleased to be able to give Dr. Sturgis (and other mercurialists) some food for contemplation in the two cases which I shall hereinafter instance, and hope that he will agree with me that these cases were in the highest degree desperate and typical ones, and will, after a perusal of them, give some credit to the "anti-mercurialists."

Of course, no one will expect all the points of argument to be covered in a paper of this description. I intend to make an exhaustive review of the matter at a future day, when I shall contribute a large number of the very worst cases of syphilis; but for the present this small paper must answer.

I do not now use, nor have I for a long time past made use of, mercurials in the treatment of syphilis. The fact is, I am entirely satisfied that in the treatment of any phase of syphilitic disease mercurials do harm. This sweeping denunciation of so ancient a remedy in this disease as mercury makes it well for me to state that I *do* use mercurials in *some* diseases, although *never* in syphilis.

But why do I not employ mercury in the treatment of syphilis, particularly since it has proved efficacious in the hands of so many in causing the symptoms of that disease to disappear very quickly indeed? Well, I reply, that very fact constitutes my reason. It *does* act quickly, entirely too rapidly to be in the least degree reliable, in my estimation. We are well aware of the fact that under the use of mercurials secondary manifestations may be rapidly dissipated, and we have been enabled, owing to this fact, to discharge our patients in a few weeks without spot or blemish. But, alas for this treatment! we have in *every case* only succeeded in *masking* the disease, and, after another suitably long period of fermentation, we will surely have to deal with its tertiary manifestations. I use very emphatic language here, and words which it is impossible to mistake the purport of; but I close this item by the still stronger assertion, *that every case of secondary syphilis which has been successfully (?) treated by mercurials will, as surely as the sun rises, reappear as tertiary syphilis, if the patient lives long enough.* I feel warranted also in saying in this connection that many a case of mercurially-cured secondary syphilis passes from beneath our unskilful hands to the grave, labelled in the mortuary list as a victim to some intercurrent disease, when, if the facts could be known, the said intercurrent disease would show itself to be simply and truly an obscure invasion of tertiary syphilis. I have known such cases to occur in the practice of some of my medical friends. Syphilis, either secondary or tertiary, cannot be treated to a *permanent* cure in a few weeks or a few months. A radical, permanent cure requires fully a year of careful treatment, and often more; and I feel very well satisfied if I can dismiss a tertiary patient from treatment without a mark in eighteen months.

"Authorities" on the subject say that the iodide of potassium is the remedy *par excellence*, in the tertiary forms of the disease, but that it is not so good as mercury, or a combination of the two, in the secondary. Now, my readers, if I have told the truth heretofore, then all such statements as this last are unqualifiedly false. I refer you for proof of my assertion to your own mercurialized cases. Have you or not had the tertiary symptoms to treat after you had cured the secondary by the use of mercurials? You will, of course, reply in the affirmative. Then, did you ever see or hear of a case which in its secondary form had been treated to a cure by the iodide of potassium alone recur as tertiary? I presume that if your experience has been similar to mine (and I know of some cases which date cures back to 1860), your reply this time will be decidedly a negative one.

What does this demonstrate? Simply that the iodide of potassium *cures* syphilis, and that mercury only *masks its symptoms*. I have over and over again, in parties living in four different States, and in situations where sanitary surroundings exerted not the slightest general influence, seen the very worst cases of tertiary follow upon supposed mercurial cures of secondary syphilis.

I shall now draw these remarks to a conclusion; and, after again advising you against the use of mercury in *any* stage of syphilis, I pass at once to the relation of the history of two cases, selected from a large number, because they are, to a great extent, typical illustrations of the facts which I have just set forth.

Case I.—In November, 1871, I was invited by D. A., resident in this city, and, at the time, the patient of another practitioner of the same place, to visit him. I did so, and found him in a horrible condition. After a short conversation, he requested me to take charge of his case. To this request I acceded, stipulating only that he should at once discharge his former medical adviser, owing to the fact that, although a professed

regular, I would not consult with him. This he at once did, and I took the case, promising him at the time a perfect and permanent cure. He was at the time confined to bed, being very anæmic and exceedingly weak. He had been steadily mercurialized by his adviser during a period of nearly three years, and what tissual destruction the disease had not wrought was most ably supplemented by the ill-advised remedy. Almost the whole of the right buttock had been destroyed by ulceration, and the whole of the muscular portion of the left arm from the elbow to the axilla and acromion process, with a very slight exception, had disappeared in the same way. There existed three gummatous tumors on the skull, and this was the extent of the damage. A more unpromising case could not well be imagined, especially as the patient was a man of notoriously bad habits.

I treated him in the manner I shall hereafter relate, from November, 1871, until February 1, 1873, a period of fifteen months, and he is now almost as perfect physically as he was prior to the contraction of his disease. This case had its origin in what certain self so-called leaders in syphilography are pleased to denominate a "chancroid." Excepting the annoyance attendant upon a very profuse ptyalism, occasioned by the mercury yet remaining in the economy, the case began at once to improve, and, although the habits of the patient have not been such as I desired in every respect, yet the progress to a cure was very rapid, and pushed along without the least hindrance. *This was a perfect, not a speedy, cure.*

Case II.—On the 1st of August, 1874, A. K. R. came from middle Ohio, at the instance of a mutual friend, to consult me in reference to his case. It was one of tertiary syphilis, and its history began as far back as 1851. In the spring of that year he contracted a soft sore (some persons persist in calling them chancroids), which, after steadily progressing for about three weeks, finally healed under treatment. In 1853 he was attacked by all the usual secondary symptoms of the disease, which, however, gave way in about two months under the exhibition of mercury, and his medical adviser pronounced him cured. In August, 1857, he experienced a return of the malady, but this time in its tertiary form; and from that time until I took charge of the case, covering a period of seventeen years, he was never for one moment free from the tortures incident to the disease.

When I examined him, after entirely stripping him, I found him totally bald, with eleven gummata on his skull, and numbers of such tumors on other parts of the body; indeed, there was not a superficial bone in his body but what presented more or less of these tumors in all stages. Even the scapulæ were so affected. Besides all this, the whole palmar surface of the left hand presented one open ulcer, and another large destructive ulceration was located on his right hip. In addition to all these *minor* matters, the patient *presented very apparent symptoms of commencing paralysis of the lower extremities, all signs of which disappeared early in the treatment.* He was always a man of good habits, but since the last invasion of the disease he has had such an excruciating head-pain all the time that he resorted to the use of opiates for relief, and became a confirmed opium-taker.

I promised this patient a *certain* though not a *speedy* cure. He has had my usual treatment for six months now, and is almost entirely well, but I shall continue to treat the case for another six months, in the manner hereinafter indicated, unless in the interval iodism is to some extent induced, in which event he shall be *perfectly and permanently cured.*

In treating syphilis, after examination, I prescribe the following: Iodide of potassium, 7 drachms; ammonio-citrate of iron, 4 drachms; distilled water, 2 fluidounces; syrup of orange-peel, peppermint-water, of each 3 fluidounces. Make into a solution, and give a tablespoonful before each meal. Also, Fowler's solution of arsenic, 3 fluidrachms; simple syrup, orange-flower water, of each, 4 fluidounces. Make a solution, and give a teaspoonful after each meal. If some anæmia be present, which is frequently the case, especially if the patients have been mercurialized, I order, in addition to the above, Sulphate of quinia, 1 drachm; reduced iron (Quevenne's), 2 drachms; extract of gentian, sufficient. Make a mass, divide into sixty pills, and give one every three hours. Also, the following: Cod-liver oil, 7 fluidounces; fluid extract of valerian, 1 fluidounce. Shake the bottle, and give a tablespoonful every three hours. If, in addition to the ordinary constitutional disturbances, I have to deal with extensive ulcerations, I order hydrate of chloral, 1 ounce; distilled water, 2 fluidounces. Mix, and brush over the ulcerations thoroughly three or four times daily. If the ulcerations are situated upon dependent portions of the body, I support them by adhesive straps, which should be frequently changed. Any other symptoms which may require urgent attention should be met "secundum artem."

Now, the foregoing constitute my *first* prescriptions only. In each of the succeeding prescriptions there should be added successively one drachm of the iodide of potassium to its formula, and half a drop to the *dose* of the Fowler's solution in the arsenical formula. The iodide should then be carried up drachm after drachm in strength with each successive prescription, until we reach twenty or twenty-five drachms' strength to the formula, *or as much more as is necessary*, taking care to order the increase made only with each succeeding fresh prescription. The strength of the arsenical solution is to be carried up seriatim, as stated, until a dose of five drops of the Fowler's solution is reached, at which point I hold the patient until slight symptoms of the constitutional poisonous action of the drug are developed. The arsenic is then finally omitted as an adjuvant. The iodide, however, I carry up, in ever-increasing quantity, until symptoms of decided iodism are induced, when its administration is ordered stopped for a week; then it is again commenced, and if the iodism again shortly ensues, I can most confidently discharge my patient, perfectly and permanently cured, with the poison of syphilis, and, let me add, that of mercury, forever eradicated from the system.

In order to test the truth of the latter assertion, I have been accustomed to test every patient, in about a year after all treatment had ceased, with ten-grain doses of the iodide of potassium; and the test has invariably produced profuse iodism before one drachm of the drug has been consumed in these small doses.

My experience with the iodide of sodium salt has been, if not entirely disastrous, at least entirely negative in results, and for this reason I do not use it.

I close this rapid and imperfect sketch of my subject by a short abstract of a paper defining the action of the iodide of potassium upon the blood. This abstract concerning the reactions of the iodide when administered medicinally is of a paper on that subject by Professor Kammerer, from *Virchow's Archives*, 1874, and "Memorabilien," xix. 4.

In the stomach the iodide either undergoes no change, the elements of the ordinary articles of food being incapable of decomposing it, or else, by means of the chlorine, hydriodic acid is formed, by which, however, the ultimate reactions are not modified. Entering the circulation in an exceedingly dilute state, the iodide is at once decomposed, by the superabundant carbonic acid, into free iodine and the carbonate of potassa. Now, the iodine will have the greatest affinity for those substances in the blood with which it makes the most complex combinations, this affinity being most intense at the moment of the iodine becoming free. Therefore, of these substances in the blood, those first acted upon would be the "miasmatic matters and ferments;" next to these the fibrinous, and then the albuminous substances; and last of all, the fats. The iodine acts upon these substances by virtue of its disposition to take the place of their component hydrogen. It, however, does not form permanent compounds with them, but, having broken up their chemical union, facilitates their oxidation in the oxygen of the blood. The free hydrogen combines with an equivalent of iodine, forming hydriodic acid, which is in turn attacked by the oxygen, iodine is again eliminated, and so the process is continued.

On the other hand, the other component of the iodide of potassium undergoes changes which supplement the action of the iodine. As the compound is decomposed, the potassa is changed into the hyperoxide of potassium, the only oxygen compound upon which the iodine does not act. Here we have, besides the iodine, a powerful decomposing agent, which, by its strong oxidizing effect upon organic substances, assists in the consumption of the blood-elements. The hyperoxide is reduced to potassium, which again combines with carbonic acid, and carbonate of potassa is produced as at first.

Hence the action of the iodide of potassium depends upon the decomposing effect of free iodine upon the substances contained in the blood, and their oxidation and consumption by the hyperoxide of potassium, a result, the writer observes, which is confirmed by clinical experience.

I have extracted this abstract from the *New York Medical Record* of October 1, 1874.

Finally, I firmly believe that in the iodide of potassium, used in the manner indicated above, we have a specific antidote to syphilis, either secondary or tertiary, and am sure that you will all be surprised at the rapid good effect produced by the drug in these large doses. Do not forget, however, that small and moderate doses are literally thrown away, and that only very large amounts are productive of permanent good.

15 East Washington Street.

Twelve hundred and ninety-three volumes, most of them of European origin, were added to the library of the College of Physicians of Philadelphia last year.

A CASE OF PURPURA HÆMORRHAGICA REQUIRING TRANSFUSION.

BY J. M. BOISNOT, M.D.

During the night of June 4, 1874, I was called to see M. H., æt. 7 years; he had been for some time previous subject to troublesome epistaxis, etc. Both of the child's parents are in good health as well as circumstances, so that the child had had excellent hygienic care. There are four children, the patient being the third in the order of birth, and, with him excepted, all are in good health. There was at the time of my visit an intense general pallor, extending to the lips and internal surface of the eyelids, giving the patient a waxy appearance, and making more apparent the existing ecchymotic spots; these last were situated behind the ears, at the angle of the mouth, the roof of the mouth, and a large one, of six inches in diameter, over the region of the liver. Blood was noticed oozing from the nose, gums, and pharynx, while the quantity vomited led me to infer that there might also be internal bleeding. The pulse was feeble, quick and rapid; the respiration labored, the tongue pale, moist, and clean. The general expression of the face was anxious to a degree which might even call for the term frightened. The hemorrhage at this time was from the nose, and was sufficient to require applications for relief to both anterior and posterior nares.

As before stated, the history of the patient was that of a previously healthy boy, descended from healthy parents, in every way active and well. There being no obvious cause for the attack, I am disposed to attribute its origin to some interference with normal nerve-action, due to the shock from a fall from the second-story window upon the brick pavement years before, although no severe external injury could be perceived at the time. This may seem like going a great way in order to find a cause, but I am quite confident that I at one time removed the tibia for necrosis, which had its origin in fully as distant nervous shock, and from my experience in military surgery I think that the nervous shock accompanying and resulting from wounds and exposure eventuated in typhoid conditions, typhoid pneumonia, and phthisis many years after what was denominated complete recovery from the primitive conditions.

The treatment was, of course, first directed towards arresting the active epistaxis, by means of Monsel's salt applied to both the anterior and posterior nares by insufflation, which I employed successfully during the recent epidemic of smallpox in this city, in cases which I at first looked upon as requiring plugging of the nostrils by Bellocq's canula.

Internally, the administration of potass. chlorat., in combination with tr. ferri chloridi, was persisted in, while every attention was given to providing the most concentrated food. Rest was enjoined, with proper regulation of carriage-riding in the Park during the cool of morning and evening, so as to give as much pure air with as little excessive heat as was possible.

There could be noticed scarcely any improvement, and there were frequent returns of epistaxis, while the persistence of the ecchymotic spots was remarkable. The application of alcohol with brisk rubbing was maintained daily to the spine, and quinine, iron, and strychnia, together with stimuli in food-combinations, were freely administered. During the second week, at the suggestion of Dr. Keichline, of this city, the ol. terebinth., gtt. x–xv ter die, was given in sweetened ice-water. At the beginning of the third week there was improvement to the extent of an interval of four days without epistaxis, and, as the weather was oppressively hot, the patient was sent to Atlantic City. He stood the journey well, but in the night bleeding

recurred to the extent of alarming prostration; local and constitutional remedies were applied, and, on account of the stomach refusing food from the amount of blood swallowed, he was stimulated as much as he would bear. In the afternoon he was brought back to the city. The bleeding having been so excessive, and the consequent prostration so marked, I told the family, after a consultation with Dr. W. W. Turner, that the child could not live except transfusion was practised. I was the more fully impressed with this as a necessity from having been invited by my friend Dr. T. G. Morton to witness the procedure in a similar case in his practice, a full report of which he gave in the *American Journal of the Medical Sciences*, July, No. 135, pp. 116, 117. I feel quite confident that nothing else could have saved life in either case.

The condition of the patient on Monday, June 22, 1874, was critical in the extreme: pulse 160, feeble; surface cool, respiration panting; general lassitude, with disposition to drowsiness, amounting nearly to stupor. Transfusion of fʒiv of blood from the father yielded a result beyond our most *sanguine* expectations; in short, recovery began from that day, progressed, and at this writing, Nov. 2, is established. It is proper to state that on the third day following the transfusion, violent epistaxis recurred. This was arrested by plugging the nares, with the aid of Bellocq's canula. There was no internal medication, excepting quiniæ sulph., gr. iv daily, and the following, at the suggestion of my friend Dr. A. Frické:

℞ Tinct. nucis vomicæ, fʒss;
Acid. phosphor. dilut., fʒii;
Aquæ destillat., fʒi;
Syr., fʒii.—M.
S.—Teaspoonful ter die.

The diet maintained was of the most concentrated character, such as juices of meats, eggs, milk, and cream, with a liberal supply of champagne daily.

Without entering into the consideration of the minute physiological conditions of the blood, and the agencies which affect it, I take it for granted that the blood is the medium that perpetuates both molecular and general growth, and through which repair is instituted. From what little I have seen of transfusion and its effects, I see no reason to oppose the views made public more than two hundred years ago, but rather to endorse the quaint words, "the blood may, if it takes, be of mighty use to man's health, for the amending of bad blood by borrowing from a better body." If the loss of blood causes a depression or a lowering of the vital forces, an extra supply should certainly be invigorating.

Respecting the method of transfusion, a rule applies to this as to all other operations in surgery, viz., the simplest is always the best. Undue haste in any part of the procedure must be avoided, and all preparations should be carried on away from the parties concerned: it is well to make every provision for what may occur in the way of accidents, rather than wish for things not at hand when, perhaps, too late. Hot and cold water, ice, old muslin, sponge, spirit of ammonia, stimulants, an operating or a pocket-case of instruments, in addition to those directly required in the transfusion, with at least two competent assistants, may be placed upon the list as requisites. The syringe should be in perfect order, for this is *the* instrument in this operation, and I certainly would not advise any one to run the risk of being equal to the emergency and try to manufacture a syringe for the occasion from any glass one he may find about the house, for only a good blower could succeed in this.

The apparatus used for receiving and defibrinating (it should be termed "oxygenizing") the blood may be described as follows. It is not intended to be referred to as possessing any special merit over and above those already presented. There is scarcely *any* surgical apparatus which may not be extemporized, and *successfully*, when occasion requires and ingenuity suggests, but it is often a point to be able to connect luxuries and necessities. The receiver should be of a shape easily adapted to receiving the blood direct from the donor, and, being graduated, measures accurately the blood drawn, doing away with the necessity of transferring from one vessel to another, and serving as well for extra venesection should the quantity fall short of that deemed requisite. It can be readily and cheaply made, and, as I believe the air-tight syringe to be the best instrument for transfusion, the receiver should nicely fit the nozzle, and allow all the blood to be drawn into it. The application of all these means is the most apparent in that this operation is, in one respect, similar to that of tracheotomy for croup,—it is a last resort, allowed when there is little or no hope of anything else succeeding as life-saving. Therefore it is that all apparatus and all procedures should be as efficient as possible, and have economy of time as a principal feature.

I think it would have been simply impossible to employ the direct method in the case of this child, for even an ordinary amount of quiet could scarcely be obtained, and the use of an anæsthetic was not to be thought of. Proper care being exercised in the use of the syringe will give greater prospects of successfully transfusing blood free from any air whatever than by any other means that I know of. There are some conditions of the patient at the time of this operation, connected with if not dependent upon it, which it is well for all to know. The breathing becomes quite irregular, the efforts amounting to quite a struggle; the surface becomes cool and pallid, followed by rigor of unusual severity; the pulse is feeble and quite irregular, and fluttering. The patient repeatedly asks for water, and ice is taken with avidity even during the rigor; all the conditions are those generally accompanying a severe nervous shock. The treatment at this stage embodies the usual applications for restoration,—artificial heat, rubefacients, plenty of air, fanning, ammonia, stimulants, etc.,—and *must positively be persevered in until full reaction is established.* These symptoms seem somewhat alarming to one performing the operation for the first time, and might lead to the supposition that air had entered. I think they can all be explained by the fact of the heart being called upon suddenly to accommodate its action to a considerable quantity of blood after having been greatly depleted. Again, the shock may be greatly aggravated if the blood is introduced at too high a temperature; 100° is sufficient, or one or two degrees above may be allowed, to compensate for cooling in the handling. This last will be but

slight if the syringe is (as it should be) immersed in the same water which is used for heating the blood.

NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF R. J. LEVIS, M.D.

Reported by Dr. JOHN B. ROBERTS.

ENORMOUS HYDROCELE OF THE NECK IN A CHILD—PARACENTESIS OF THE CYSTS, AND REMOVAL OF THE SOLID PORTION BY THE ECRASEUR.

A FEW days after this child, now about three years of age, was born, there was observed a slight lump on the side of the neck, which has gradually increased in volume until it is at this time of the size of the child's head. The tumor extends from the ear to the clavicle, and from the chin outwards, hanging over the shoulder. It shows no signs of inflammation, is soft to the touch, and at various points presents fluctuation upon palpation. Some months ago it was tapped, and a considerable amount of fluid drawn off, after which, the parents state, a seton was introduced; but the treatment was not permanently successful, and the tumor has continued to increase in size.

The diagnosis of cystic tumor is easily made in this case, from the general characteristics of the swelling, and from the fact that there was serous fluid drawn off when the tumor was punctured.

To these cysts of the neck the terms hydrocele and hygroma have been applied, but they do not differ in nature from the serous cysts found in other parts of the body. They are more commonly situated in the glandular tissues, such as the ovary and mamma, and associated with adenoid tumors in the cervical region; but in this instance the cyst is developed in the cellular tissue of the neck.

They may be, and perhaps generally are, congenital, and contain serum, or serum mixed with blood; sometimes, however, the contents are thick and viscid, and occasionally solid matters have been found within them. In this case the cyst is multilocular, as can be determined by the lobulated appearance of the surface, and by the fact that fluctuation is felt in sections only, and not in continuity through the different diameters of the tumor.

The radical treatment of these cases of large hydrocele of the neck is difficult, for excision is frequently impossible, since prolongations of the cyst extend deeply among the important cervical structures, surrounding the vessels and nerves in such a manner as to render extirpation of the tumor absolutely impracticable; and, on the other hand, the injection of solutions into such large sacs, to induce obliterative inflammation, is attended with danger on account of the resulting constitutional disturbance.

In this case the tumor is so large that it would not be safe to attempt to dissect it out, for it undoubtedly has deep attachments and is intimately blended with the subjacent structures. Neither would it be advisable to lay open the sac and allow it to suppurate, nor, on the other hand, to inject into it tincture of iodine or carbolic acid, for there would be an enormous surface which might perhaps absorb the pus or the medicinal agent and thus cause the supervention of toxic symptoms.

When the child first came for treatment, there was debility and a general want of tone which demanded the use of tonic remedies before anything operative was undertaken. Now the various cysts shall be punctured, and the contents evacuated by thrusting a bistoury into the tumor at three points, from which the serum is seen to escape; there is also much solid matter and material of gelatinous consistence, forming a portion of the tumor.

In order to have as small a suppurating surface as possible, a portion of the cyst shall be removed by the écraseur. Since, however, the tumor is not lobular or pedunculated, it will be necessary to devise a means to keep the chain around its base: hence these long acupressure needles are passed through the mass, transfixing it in various directions, and then the chain is placed behind these needles and drawn tightly so as to constrict the portion to be removed. By drawing on the chain, this portion, which is collapsed to the size of an orange, is gradually crushed off from the underlying structures, without the hemorrhage which would certainly occur if the knife were used. The great force applied has, however, broken the chain of the écraseur when the parts are almost separated, and the operation shall be concluded by using the knife, since there will not be much hemorrhage now after the constriction which has been exerted before the chain separated.

The object in removing this portion of the cyst is to obtain a small surface for the occurrence of suppuration, and thus to lessen the danger of excessive constitutional disturbance. The wound is dressed with carbolized oil, and the little patient given a dose of chloral and morphia to allay pain and induce sleep.

[Four days after the operation, a colliquative diarrhœa, to which the patient had been liable, occurred, which could not be controlled, and the child died from exhaustion, while the appearance of the wound was quite favorable.]

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. LOUIS A. DUHRING.

Reported by ARTHUR VAN HARLINGEN, M.D.

EPITHELIOMA OF THE NOSE.

THE patient before us, a young woman some twenty-eight years of age, has suffered from this disease four years. It involves, as you see, the structures constituting the right ala of the nose, extending about halfway up towards the root; much destruction of tissue has taken place. The appearance presented is that of an unhealthy ulcer, covered with the products of suppuration and bordered by a rim of thickened and diseased tissue. The operation we shall employ for the cure of this case is as follows. Having provided ourselves with an abundance of rags and lint, a saucer containing a quantity of dilute acetic acid, and a stick of caustic potassa, we apply the latter with a firm hand to the diseased tissue in all directions. This melts down very readily before the caustic, and a little experience will enable one to know by the amount of resistance just when the healthy tissue has been reached. Complete destruction of the diseased parts being now accomplished, we lay aside the caustic, and immediately apply a piece of lint soaked in dilute acetic acid. This neutralizes the effect of the caustic potassa, the effect of which would otherwise continue to extend through the healthy surrounding tissues. The momentary pain caused by the application of potassa is almost imme-

diately relieved by the dilute acetic acid. We now dry the surface of the wound, and apply a simple dressing of olive oil upon lint. This will be renewed twice daily, and the surface of the sloughing mass kept as clean as possible. When the slough comes away it will leave a healthy ulcer beneath, which will heal rapidly. As it is often unadvisable or impossible to reach every portion of the diseased tissue at one application, we may find, when the wound heals, one or two small nodules still remaining. A subsequent application will suffice in that case to remove the last traces of the affection, but a deep scar will remain to mark its former seat.

EXTENSIVE ULCERATING SYPHILODERM.

The affection which involves this patient's leg is a chronic one; she tells us she has had it four years. The first thing we notice about it is its peculiar and disgusting odor. This at once excludes several diseases, and will aid us in our diagnosis. The discharge from the ulcers is profuse as well as offensive, for these rags, which our patient tells us were applied freshly this morning, are already soaked with the products of suppuration. Examining the limb more closely, we see that there is a large area of disease, covering the front and sides of the whole leg, and involving the knee and part of the thigh. It consists of cicatricial tissue, patches and bands of inflammatory deposits, together with ulcers of various sizes, usually small. Around the outer and upper edges of the diseased skin a sort of advanced line of ulceration is slowly extending and forms a complete border to its upper portion. Without going into the various diagnostic signs, I shall state that this is an ulcerating syphiloderm.

The treatment of a case of this kind is simple. Having thoroughly established our diagnosis, we shall order the patient the most nourishing diet attainable, and, in addition, the iodide of potassium in the doses of ten grains three times a day. As an external application we shall order the following:

℞ Unguent. hydrargyri, ℥i;
Emplast. simplicis, q. s.—M.

The object of the plaster is to give consistency to the ointment, and the proportion may vary according to circumstances of temperature, etc. This is to be spread upon small pieces of soft rags and placed over the ulcers, avoiding contact with the surrounding skin. The application may be made twice daily, or oftener, and the ulcers should be kept as clean as possible.

TRANSLATIONS.

ACCOUCHEMENT IN A PATIENT WHO HAD SUBMITTED TWO YEARS PREVIOUSLY TO GASTROTOMY.—Dr. Fourrier communicates the following case to the *Bull. Gén. de Thérap.* for January 30:

The operation for gastrotomy which had been performed by himself was reported in the *Bulletin* for August 15, 1872. It was undertaken for the relief of rupture of the uterus with passage of the fœtus and appendages into the peritoneal cavity.

Since the time of this operation the general health of the patient had been as good as possible. She had been obliged, however, to wear an abdominal bandage, in order to support a threatened hernia of the intestines at the point of cicatrization.

Becoming again pregnant in 1873, the patient was removed, when the time for her confinement drew near, to the hospital, where her accouchement was accomplished, August 15, 1874, without any accident. At the moment when the pains assumed an expulsive character, the hands of an assistant were employed in supporting the cicatrix, in order to keep the intestines in place, while Dr. F. himself supported the uterus.

The fortunate termination of this case is especially worthy of record, says Dr. Fourrier, since in similar cases the production of abortion at an early date has been suggested. Even in the present instance, indeed, the question was discussed.

To watch the labor, and to terminate it by version or by the application of the forceps in case it becomes too long delayed or too painful, should be, Dr. F. thinks, the duty of the physician, and he feels that in the case just described he has reason to congratulate himself on not having interfered too precipitately.

X.

ACTION OF CONIUM UPON CUTANEOUS SENSIBILITY.—M. Gubler reported, at a recent meeting of the Société de Thérapeutique, certain facts which show that hemlock modifies sensibility, and called attention in particular to the well-known phenomena attending the death of Socrates, and the observations recorded by Hunter, where a man who had taken a large dose of hemlock had lost the use of his fingers. He then went on to relate a case coming under his observation, where this action upon sensibility had been most evident.

It was that of a woman who had applied a pomade containing conium, with the fingers of her right hand, to a tumor of a cancerous nature situated upon her husband's body in the region of the liver. After a time, the fingers which had been used in making the friction lost their sensibility. The woman then ceased using the right hand and employed the left, covered with a glove; but in spite of this the fingers lost sensibility. All these symptoms disappeared rapidly upon ceasing the employment of the ointment.

Dr. Gubler draws attention to this fact in order to show the reality of those modifications of sensibility brought about by conium, a proposition which he had already recorded in his "Commentaires de Thérapeutique."—*Bull. Gén. de Thérap.*, January 30, 1875.

X.

A CASE OF HYSTERICAL HEMIPLEGIA (Dr. W. Svetlin: *Wiener Med. Presse*, No. 4, 1875).—The patient, a single woman, æt. 24, on the 12th of November, 1873, was exposed to cold just at the close of a menstrual period, consequent upon which she had spasms of the entire body very similar to those which result from poisonous doses of strychnia. Other symptoms of affections of a nervous character came on, and lasted for some time, but a gradual improvement took place which continued until February, 1874. On the 10th of the month, the patient, upon the receipt of news of a startling character, sank on her chair in a condition of unconsciousness. On the next day it was found that there was total paralysis of motion of the right side, with a diminution of sensibility.

About the end of March, treatment of the paralysis with the induction-apparatus was commenced, and after forty sittings there was some improvement in the motion of the upper extremity, and the voice, although still unintelligible, became more sonorous. From July the use of electricity twice a week was continued, and hydropathic treatment was also employed. The patient was twice a day rubbed down in baths the temperature of which was lowered one degree daily. By the end of the month, the patient was able with but little assistance to walk about the garden of the establishment, dragging the right foot but slightly, and could even go up-stairs.

W. A.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, MARCH 13, 1875.

EDITORIAL.

THE WORK OF THE SURGEON-GENERAL'S DEPARTMENT, U.S.A.

A RECENT visit to Washington has afforded us the opportunity of overlooking the work which is being done under the fostering care of Surgeon-General Barnes; and it is with pleasure that we express our extreme satisfaction therewith. The forthcoming volumes of the "Medical and Surgical History of the War of the Rebellion" will, we believe, excel in general value their predecessors. The report now in preparation by Dr. Ely McClellan on cholera bids fair to be one of the most remarkable and exhaustive memoirs of the kind ever published. Dr. Billings is building up, with marvellous celerity and cheapness, what will soon be one of the world's great medical libraries. He has undertaken and made considerable progress in the colossal task of preparing a subject-index of medical periodical literature of this century. As the library now receives all the medical journals of the world, with the exception of a few obscure periodicals published in Greece, Spain, and Mexico, Dr. Billings has at hand the complete material for at least the recent times. All original papers are catalogued, not by their titles, but by their actual subjects, Dr. Billings himself looking over the papers and inserting the references to them. The extreme value of a catalogue of this character is at once apparent, but the labor involved is so enormous that, with the small number of assistants allowed by the funds, a long time must elapse before it is completed. Moreover, the literature of the later portions of the century is by far the most important. We therefore sincerely trust that the catalogue will be finished by decades, beginning with the present, and will be published as fast as completed; otherwise we fear that our grandchildren will have more interest in the work than we have. The remuneration, direct and indirect, which these busy workers for our profession receive from the United States Government is absurdly disproportionate to the services rendered, and it is with great disgust that we learn of the adjournment of Congress without anything having been done for them. The Republican party, having attained power by the successes of the army, have turned it out to starve like a worn-out war-horse. We trust that if the Democrats get a turn at the wheel they will do better.

LEADING ARTICLES.

SALICYLIC ACID.

IN the *Journal für Praktische Chemie* for July, 1874, Prof. Hermann Kolbe published an article upon a new method of obtaining salicylic acid, and some of its remarkable properties, which, apart from its interest to chemists, contains much to attract the attention of others. After describing his new method for the production of the acid, which consists essentially in treating a solution of phenol in caustic soda with carbonic acid under the influence of moderate heat, Prof. Kolbe passes to what he terms the physiological effects of salicylic acid, which, up to the time that his new method placed it within easy reach of all, had been studied only by Berlagnini, who found that in large doses—six grammes in two days—it produced singing in the ears, and that during its passage through the body it was partly changed into salicyluric acid, which, together with some unaltered salicylic acid, was found in the urine. In an experiment performed in the Leipsic Hospital it was found that when 0.3 gramme was given by the mouth the acid made its appearance in the urine at the end of two hours, and was still recognizable in that excretion at the end of twenty. As salicylic acid is, by the new process, made from carbolic acid and carbonic acid, and as by heating above the boiling-point it splits into the same substances, Prof. Kolbe thought it probable that it might have an antiseptic action and interfere with the processes of fermentation and putrefaction. The experiments undertaken by himself, which he is still busily engaged in prosecuting, and those of others, seem to show undoubtedly that he has discovered a very important addition to the armamentarium of those who are interested for any reason in combating the action of these processes. We give below a summary of the results so far published in the numbers of the above-named journal for December, 1874, and January, 1875.

Prof. Kolbe has found that the presence of salicylic acid prevents the formation of hydrocyanic acid in an emulsion of sweet and bitter almonds, as also the formation of the characteristic volatile oil which usually results on wetting mustard; also that, added to a solution of grape sugar containing yeast, it prevents fermentation, as it does also in beer. In an experiment upon milk, he found in the summer at a temperature of 30° C. (86° F.) that fresh milk to which a 0.04 per cent. solution of salicylic acid had been added became sour thirty-six hours later than another specimen to which no acid had been added. Added in this proportion, the acid imparted no taste to the milk. Urine to which it was added did not decompose.

He has also instituted some experiments as regards its power of preserving meat, eggs, and other articles of diet, as well as water, several casks of which he has stored away after adding varying quantities of the acid to them. The salicylate of sodium does not answer the same purpose, though Prof. Kolbe was led to experiment with it by the idea that when an acid was produced, as in the souring of milk, any base with which the salicylic acid was combined might be of service in neutralizing it.

Neubauer asserts, as the result of an interesting series of experiments performed by him, that we have in salicylic acid a means for controlling fermentation in urine, and a substance which is likely to be of inestimable value in the future.

Dr. Miller, a pharmaceutist, has compared the antiseptic properties of carbolic and salicylic acid. According to him, one part in 1000 of either will stop fermentation in grape sugar; one part in 2000 of salicylic acid is also effective; while this proportion of carbolic acid has no action whatever. In milk containing 0.04 per cent. carbolic acid, the latter is readily perceptible to the taste. It becomes sour, however, as readily as another specimen to which nothing has been added. Salicylic acid as noticed by Kolbe gives in this proportion no taste to the milk, and at the high temperature of 86° F. retards its souring notably; at lower temperatures its preservative action lasts much longer.

When, however, two specimens of the same urine were exposed to the air, one containing carbolic acid and the other salicylic, he found that a much larger quantity of salicylic acid was needed to prevent putrefaction than of carbolic acid. Salicylic acid in the proportion of one per cent. checks the action of ptyaline upon starch. To produce the same effect, ten per cent. of carbolic acid is needed. So in an experiment upon glycerin he found that while ten per cent. carbolic acid was needed to prevent the formation of sugar, 0.5 per cent. salicylic acid was enough for the purpose. It is worthy of special notice that the same observer found that while 0.2 per cent. carbolic acid does not interfere with the digestive action of pepsin, 0.2 per cent. salicylic acid interferes to such an extent that he concludes that a solution containing 1 : 1000 destroys three-fourths of the digesting power of an artificial gastric juice. This experiment carried on outside the body does not, apparently, agree with the experience of Prof. Kolbe, who, in order to satisfy himself and others as to the effects of internal administration of the acid, took for several days in succession, in four portions, 0.5 gramme in watery solution 1 : 1000 without any ill or other consequences whatever. He then intermitted taking it for a week, at the end of which time he took one gramme a day for five days, and then on two successive days 1.5 grammes. These last portions were taken in a liquor which he compounded for the purpose, and which was then made use of by eight of his assistants and students, who took on one day one gramme, and on the next 1.5 grammes each, making in all twenty grammes, yet in no case was the slightest abnormal symptom observed. The urine and fæces of all were carefully collected, and we are promised the results obtained by the investigation of them.

Prof. Kolbe remarks with regard to his first experiment that throughout the time digestion was perfectly normal, and no unpleasant sensations were experienced. In the urine the acid was readily detected on the addition of the chloride of iron (which gives a violet reaction) after a precipitation of white phosphate of iron, but no trace of it was found in the fæces. Prof. Kolbe also, in order to test how far the acid could be absorbed through the skin, prepared a warm bath at 93° F., containing 250 kilos water in which 250 grammes of salicylic acid had been dissolved. In this he remained ten minutes, experienced no unpleasant sensations, and, as was perhaps to be expected, found no positive evidence of the presence of the acid in the urine passed during the rest of the day.

He now proposes to experiment by giving the acid to children before vaccination and during the course of the disease, in order to see whether the lymph obtained from such cases still retains its procreative power. This idea is the result of a conversation between himself and Prof. Beneke.

To pass now to the observations of medical men. In the service of Prof. Thiersch at the hospital in Leipsic, the acid has been found to remove foul odors, and the use of a solution containing one part salicylic acid, three parts phosphate of sodium, and fifty parts water, was found favorable to the healthy growth of granulations.

An operation was performed where salicylic acid took the place of carbolic acid. A spray was used 1 : 300, and the dressing was composed of charpie filled with crystals of the acid, and moistened with the 1 : 300 solution, which was afterwards used for irrigation at the rate of eight drops a minute. The case had a speedy and successful termination. The acid was found in the urine. From these and other experiments it is concluded that, as far as can be seen, salicylic acid has the beneficial effect without the disagreeable smell and poisonous character of carbolic acid. Dr. Fehling reports from the Gynæcological Institute of Prof. Credé, that in their practice they have found it of service used in solutions varying from 1 : 300 to 1 : 900 water, and in powder one part mixed with five parts starch, and promises a more

complete account in the *Gynæcological Journal*. Dr. W. Wagner, of Friedberg, has tried it during the last six months in all such cases as are generally benefited by carbolic acid. He finds that it renders the discharges from recent and chronic ulcers inoffensive. Using it first as an ointment—one part salicylic acid to fifteen parts lard—he found it unsatisfactory, and so had an ointment made by dissolving 1.5 grammes acid in three grammes alcohol, and mixing this with fifteen grammes lard, thereby securing a very efficient preparation.

Having been pleased with its action externally, he proceeded to apply it to two classes of cases: 1, those in which disease of the stomach or intestines is associated with abnormal fermentation of their contents, under which head he treated a case of cancer of the pylorus, which was rapidly approaching a fatal conclusion, and rendered the last days of the patient comparatively comfortable, checking the putrefaction of food, and consequent vomiting. He gave in this case 0.5 gramme in powder three times daily, and found the same dose of decided service in a case of chronic intestinal catarrh. In two cases of severe diarrhœa in children he gave a child one year old 0.05 gramme, and to a child three years old 0.1 gramme every three hours, in powder, with gratifying benefit. No more satisfactory result has been obtained than by Dr. Wagner in fifteen cases of diphtheria, of which more than half were of decided severity, and none really light. In the treatment of these, to children not able to gargle he gave 0.15 to 0.3 gramme in powder, mixed in water or wine, every second hour, and in addition caused those who were able to make use of a gargle containing 1.5 grammes dissolved in 15 grammes alcohol, and mixed with 150 grammes distilled water. If in this crystals formed, they were readily dissolved by gentle heating.

Of these fifteen cases none died,—a result more favorable than he had expected from the character of the disease at the time, and in all the duration of convalescence was much shortened, being in the mild cases from three to five days, and in the severe at most eight days.

It is to be remarked that Prof. Kolbe advises against the internal administration of the acid in the form of powder, as he has found that it attacks, to a certain extent, the mucous membrane of the mouth, œsophagus, and stomach.

Experimentation with this new agent is to a great extent in its infancy even in Europe, and it is to be hoped that some of our chemists will soon place it in the power of our physicians to see for themselves how far what is hoped from it can be realized in practice.

If it be really—and there seems to be no good reason to doubt it—as good an antiseptic as carbolic acid, its freedom from odor and from poisonous properties gives it an incalculable advantage over the latter, which will not be lost even if as a remedy in disease it may not be as Prof. Kolbe seems to expect.

H. B. H.

Leipsic, February 8, 1875.

CORRESPONDENCE.

New York, February 15, 1875.

To the Editor of the Philadelphia Medical Times:

DEAR SIR,—At a recent meeting of the Society of New York County, Dr. Simon Fitch, of this city, who has made an improvement upon the old trocar with especial reference to ovariotomy, aspiration, and transfusion, read an excellent paper upon the subject, of which the following is a synopsis.

The trocar, formerly seldom employed, he said, and of little value, has within the last few years become one of the most important instruments in the surgeon's armature, and is at present in almost constant use.

Many diseases and ailments for the detection and cure of which the trocar is now generally used are situated in or adjacent to either the lungs, heart, brain, spinal cord, abdominal viscera, pelvic organs, or the great joints; and where it is considered that these vital and sensitive structures require solicitous protection against all mechanical injury beyond what is essential to the discovery and extirpation of their diseases, it will be evident that the instrument used, whether for exploration or treatment in or upon such parts, should be—

1. Easy of insertion, so that it may not bruise, lacerate, or stretch the walls of the cavity to be entered, nor disturb the connections or relationships of the neighboring parts.

2. Harmless when inserted, so that it shall not injuriously abrade; does not scratch or puncture the interior of the cavity or adjacent structures.

3. Competent to give the freest possible exit, consistent with its size, to the fluids which are to be discharged.

4. Apt to leave, upon withdrawal, such wound as will most readily heal.

The old trocar, with its canula fitting more or less loosely behind the triangular head, is a clumsy and dangerous instrument. The aperture made by the point of the instrument is forcibly dilated by the bulging occiput of the trocar-head. Then the split end of the canula does not pass in smoothly, but, as it is expanded in being pushed forward over the head of the stylet, is liable to get entangled in the tissues at the edges of the triangular aperture, and so fail to enter perfectly, or, if forced in past the obstruction, the orifice is still further stretched and the edges irritated, or perhaps lacerated; and upon withdrawal of the instrument there is left a jagged, punctured wound, indisposed to heal by the first intention.

In 1850, Sir James Y. Simpson had the head of the stylet reduced the same size with the shaft, so that it should stretch the orifice less, and, as the canula could then be advanced without spreading, he omitted the split in the end; and at the same time he announced his employment of a long, slender trocar, with an exhausting syringe attached, as a means of diagnosis in various internal enlargements, especially in pelvic tumors, and so initiated the idea which Dieulafoy subsequently elaborated into his admirable aspirator.

The idea of making the canula itself pointed, so as to penetrate independently of the stylet, was first suggested in 1853, by Fergusson of London, who contributed a pen-like tubular needle for injections of the perchloride of iron in the treatment of nævi and aneurisms. In 1858, Dr. Alexander Wood, of Edinburgh, adapted this instrument to the subcutaneous injections of morphia, and a modification of the same instrument is now in universal use.

Spencer Wells shortly afterwards enlarged this little tubular trocar for ovarian tapping, and made the edges of the pointed end sharp and cutting for one-half the circumference of the tube, whereby a semilunar cut is made (if sharpened all round it would cut out a circular piece and leave a round hole), and he added a sliding outer canula, which, upon puncture being effected by the cutting point of the inner tube, is pushed forward as a guard against further action of that point.

This instrument, superior in many respects to the old trocar and canula, especially in respect of the wound made by it being incised rather than punctured, has still, in common with it, this grave fault, that the protecting tube is on the outside, and if made thin, so as to pass more easily into the aperture made by the point of the inner tube, the open end becomes a cutting edge, dangerous to the interior of the cavity and to the contained or adjacent viscera, as the bladder, when the contents are discharged by puncture, or the heart in tapping of the pericardium, or the lung in paracentesis thoracis, or the intestines in tapping for ascites. (The outer tube is sometimes obtusely rounded, so that it may enter more easily, but this makes it more dangerous to the interior.)

But if the terminal edge of the outer tube be blunted or made thicker, so as better to protect the interior, then it necessarily presents a resisting margin or shoulder outside and behind the point of the inner tube, liable to catch and carry before it the sac, or the immediate investment of the cavity, and so fail to enter properly.

Now, this accident may occasion considerable inconvenience, or even be productive of great harm, in cases of simple tapping, or for hydrocele, when, if the tunica vaginalis is not very tense, it is oftentimes extremely difficult to get the outer canula pushed in over the puncturing end; and in empyema, with a thick and tough pleura, so much force is sometimes required to urge the entrance of the outer tube as really to endanger a separation of the membrane from the ribs; and in tapping for the temporary relief of ovarian dropsy, if the outer tube do not follow the trocar quite into the cyst, or if in entering it catch or tear or split up a fragile cyst, more or less of the cystic fluid will escape into the abdominal cavity, which is one cause of the fatality that sometimes follows this simple operation.

But should *injection* be attempted with an imperfect introduction of the protecting tube, whether that tube be the canula of the old tube, or the outer tube of Wells's trocar, the result may be most disastrous.

The essayist had seen intense peritonitis occasioned by tincture of iodine thrown upon the peritoneum in such an attempt to inject an ovarian cyst. And Syme, in his "Principles of Surgery," noticing the faulty injection for the cure of hydrocele, remarks, "If the liquid is allowed to remain in the cellular substance, it gives rise to violent inflammation, and soon terminates in sloughing of the scrotum."

Dr. Fitch had encountered on many occasions difficulties similar to the above, and in common with others tried to obviate the uncertainty of entrance of the outer canula, by cutting down to the peritoneum, or pleura, or tunica vaginalis, or whatever might be the immediate investment of the fluid to be evacuated, or the cavity to be entered, until it occurred to him *to reverse the relation of the tubes to each other;* and while in Edinburgh, in 1871, he had an instrument made by Gardner, upon the following plan: The outer tube, smooth and of uniform size, has the distal and pointed end cutting *like a lancet*, so that it penetrates easily, and to any depth, without the necessity of any previous incisions of superimposed tissues, and the protecting tube, being inside, may be advanced into the interior of the cavity with absolute certainty of entrance, and without the possibility of even touching the margin of the aperture or any of the tissues through which the outer tube has passed. The cutting portion of the puncturing tube should rise from the point not suddenly nor in a curvilinear form, but gradually, and in a perfectly straight line, making an angle of less than 45° with the pointed end of the tube, so that it shall enter by a clean incision, without injury to the aperture. The same year, instruments were made similar to the above by Krohne and Sesemann, and were exhibited at the next meeting of the British Medical Association in London, in August, 1873. The largest size is noticed in Spencer Wells's recent work on "Diseases of the Ovaries," p. 336. But the smaller-sized instruments seem to have been overlooked. Mr. Alfred Goodrich, in a letter to the *British Medical Journal*, August 8, 1874, says, "In emptying a cavity with the aspirator, the operator is often alarmed by finding the instrument filled with blood, arising from the walls of the collapsing cavity being forcibly sucked against the sharp point of the needle," and he proposes, as if it were his own idea, that the trocar consist of two tubes, the outer one pointed, the inner one not so. But in the same journal for August 22, Mr. George Brown, of the N. E. Hospital for Children, referring to Mr. Goodrich's suggestion of a trocar guarded by an inner tube, remarks, "The idea is not original. We have had one in constant use for more than twelve months, which was supplied us by Messrs. Krohne and Sesemann," who were the makers of Dr. Fitch's instrument in 1871, and which in the Catalogue of the Museum at the forty-first annual meeting of the British Medical Association is designated "Wells's Trocar, Improved by Fitch."

Yet this instrument is *not perfect;* for, although the certain entrance of the protecting tube is securely provided for against the possibility of failure, yet the open end of this same tube may itself be a source of danger,

especially in the aspirator trocar, when it must be made very thin to avoid bulk.

A very important modification of the original instrument covers the danger of an open canula, and makes it, while performing the ordinary purposes for which a canula is used, likewise available as an efficient and safe exploring probe or sound.

The distal orifice of the inner canula has been closed over by a rounded or dome-shaped roof, so that when it is projected beyond the cutting point of the outer canula the two tubes fit closely together, and the end of the combined instrument fits perfectly smooth, like the end of a sound or catheter, and may be freely moved within the cavity penetrated, without danger of wounding any viscera or organ, puncturing any vessel, or even scratching or abrading the tissues of the cavity, or any part contained therein. The base of this dome being of the same external circumference as the inner tube, and fitting the outer tube accurately, when the point of the instrument enters a cavity there can be no escape of the fluid till the dome is advanced, occluding the cutting point of the outer tube; thus there is disclosed a fenestra, or oval aperture, on the lower end, cut out of the lower wall, and two-thirds of the breadth of the side-walls of the inner tube, of the full size of the tube, and by which the fluid may be freely evacuated. The segment in the tube forming the distal end of the fenestra is sloped off, so that if a flake of pleura or accidental piece of tissue rest upon it, it will slip off as the instrument is withdrawn from the cavity. But the lip at the proximal boundary of the segment projects in a curve over nearly a third of the fenestra, so that the fenestra may not be obstructed by any substance in the cavity.

The trocar thus constructed is harmless to the parts requiring protection, and the fenestra, so guarded, and being, moreover, on the under side, cannot be stopped by the wall of the cavity coming into contact with it, as often happens to the open end of the old canula, by the falling upon it of any of the viscera or any layer of false membrane or fibrous septum; and if there be any aggregations of cyst, or a multilocular sac, the instrument may be employed as a probe or sound, or a long artificial finger, with which to feel for a proper place where it may be held until the cutting point is advanced to make an aperture for its introduction.

Thus, in ovariotomy it will be found extremely convenient, the left hand supporting the tumor, and the right holding the instrument, which can be instantly changed, by an easy movement of the same hand, from a trocar to a sound, and, *vice versa*, to define and puncture cyst after cyst, until the bulk of the whole is sufficiently reduced to admit of withdrawal through the abdominal incision, and with only one outer aperture in the sac first punctured, and thus always occupied by the instrument; and it may be here used where the end of the open tube could not be safely, to stir up and liquefy locular contents, and to break down such obstructions to the flow, while it still closes the original aperture, thus preventing the escape of the cystic fluid into the cavity of the abdomen; and it may then obviate the necessity of enlarging the aperture in the cyst for the introduction of the hand.

Dr. Fitch thinks that the trocar may be used to advantage in the operation of transfusion. A trocar of suitable size being attached to each end of an india-rubber tube a foot long, one of the trocars is inserted into the vein which is to furnish the blood, and when the apparatus is filled, the other trocar is introduced into the receiving vein, and the operation is completed.

The advantage of the trocar in this connection is that, being smooth upon the end, the vessels may not be injured, and all the other evils attending the ordinary method of transfusion are avoided. The operation, moreover, may be performed quickly and with little trouble.

He uses also for ovariotomy, and in all operations where fluid of any kind is to be concentrated, a rubber tube, slipped over the end of the trocar, for the purpose of conveying to a proper vessel the fluids to which exit is given. By this means the clothing of the person or bed may be kept perfectly dry and clean.

The Society, after expressing their approval of the instrument, and thanking the author of the paper for presenting it, adjourned. W.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, JANUARY 15, 1875.

(Continued.)

THE PRESIDENT, DR. WILLIAM PEPPER, in the chair.

Hepatic abscess, opening externally in right side—Death from exhaustion.

DR. WILLIAM PEPPER exhibited the liver with portions of the lower right rib attached, with the following history of the case:

W. S., æt. 30, was admitted to the Philadelphia Hospital October 11, 1874. He was of intemperate habits, but had never had venereal disease nor dysentery. Had never lived in any tropical climate. Several years before, while in the army, he was wounded in the left side by a charge of duck-shot, part of which remained, but gave rise to no subsequent trouble. He first began to complain in March, 1874, of severe pain in the right side. This was at first paroxysmal, but soon became dull and continuous, and was attended for six weeks with hectic fever. This diminished, and soon there was noticed bulging of lower part of antero-lateral aspect of right thorax. The swelling extended around base of chest on right side, but was most prominent about seventh and eighth ribs in line of anterior border of axilla. Here it was, when it first appeared in June, very hard, but by August it had become softened, with indistinct fluctuation; and, on the 22d, eight fluidounces of pus were withdrawn by the aspirator by Dr. Tyson. The minute opening did not close, but continued to discharge pus quite freely. His general condition, under the use of tonics and nutritious diet, remained quite good for some time, but by October he began to lose ground decidedly. There was an ulcerated opening in eighth interspace, from which large discharges of pus occurred daily. A probe could be passed six inches

upwards and inwards through the intercostal opening. The liver-dulness began at sixth interspace, and extended to two inches below margin of ribs. Injections of various medicated liquids were used, but without any beneficial effects on discharge. Before December the tissues around the fistulous opening began to slough, and portions of the eighth and ninth ribs were exposed in a necrosed and roughened condition. His general condition grew rapidly worse, and death occurred on December 2.

Autopsy, six hours after death.—The ulcerated surface on the right side was seven inches long by five wide, extending from the sixth interspace above to the eleventh below. It was perforated by an opening in the eighth interspace, and by another some two inches in length in the ninth. Upon removing the sternum, nothing abnormal was noticed in the thoracic cavity, excepting an adhesion of the lower surface of the right lung, by slight cellular bands, to the diaphragm. No perforation of the thoracic cavity had taken place. Immediately below the diaphragm quite a large abscess was found occupying the right extremity and upper surface of the liver, the space between it and the diaphragm and right kidney, and communicating with the external opening.

Liver but slightly enlarged. Structures at a distance from the abscess fatty. Surface of right kidney ulcerated; its structure indurated and firm. No extended peritoneal involvement. The liver, diaphragm, ascending colon, and right kidney were firmly bound together, circumscribing the abscess.

Remarks.—This case presented several features of great clinical interest.

1. As to the locality of the abscess. The absence of the usual causes and symptoms of hepatic abscess, the previous severe pain in the right side, the point of rupture, and the physical signs, raised the question whether the case was one of circumscribed pyo-pneumothorax, or of abscess beneath the diaphragm. And the difficulty of determining this was increased by the close adhesions beneath the under surface of the right lung and the diaphragm, and the great degree in which the latter muscle was stretched upwards.

2. The question as to the starting-point of the disease. It might be regarded as possible that the disease had originated in connection with the rib; but a careful consideration of the case appears to render this untenable. It will be noticed that the hectic fever, which undoubtedly marked the occurrence of suppuration, preceded by some weeks the first appearance of external bulging. Again, the readiness with which a collection of pus forming in connection with the rib might discharge externally, renders it highly improbable that it could effect such extensive internal trouble before finding an exit through the skin. Abscess of the liver in rare instances arises in this climate idiopathically, or at least without recognizable cause, and it is very rare for the entire course of the disease to be unattended by any special symptom of hepatic disturbance. The post-mortem appearances of the liver, finally, show such a degree of destruction of its tissue as to indicate that the abscess originated in its substance.*

Dr. JAMES TYSON remarked that from his knowledge of the case as it existed while under his care, he could not feel altogether satisfied with the idea of the hepatic origin of the abscess. The almost stony hardness of the tumor of the side as presented when he first saw the case, the remoteness from the liver of its most prominent portion, as well as its apparent superficial position, all led him to suppose it was associated at its beginning with disease of the ribs, although the traumatic nature of its origin as suggested by the patient was not entertained for a moment, as the gun-shot wound was on the opposite side. He had never suspected any relation of the abscess to the liver either primarily or secondarily.

Dr. PEPPER said that against the idea of its having started from the ribs were the facts that while the man had suffered from pain on the right side for months, and that while there was found so extensive a lesion internally, the external swelling presented itself a comparatively short time before its evacuation; and we must suppose that if it started externally, it had perforated, by ulceration, the diaphragm and the firm fibrous capsule of the liver, and had destroyed a portion of the liver three inches in diameter by one and a half inches in depth. These facts, taken in connection with the well-known phenomena of hepatic abscess, its occasionally latent character, sometimes advancing to rupture without having given any marked evidence of disease of the organ, seem to leave no other conclusion to be arrived at than that it was a hepatic abscess which had worked its way externally to the point described.

Dr. BERTOLET asked whether there were any evidences of embolic processes. Portal thrombosis being by far the most common cause of hepatic abscess, it is very important to ascertain the presence or absence of ulcerative and inflammatory processes in the intestines and gall-bladder; indeed, it is now denied by many that primary suppurative hepatitis ever occurs, but that the origin of hepatic abscess is by an embolus or foreign body obstructing a blood-vessel. Even traumatic affections of the liver only rarely lead to the formation of abscesses, and preferably when complicated by the presence of a foreign body.

Dr. PEPPER replied that no careful examination had been made to this end, but that while abscess of the liver, especially of the metastatic form, which is so frequent, was apt to be attended by a partial stasis or thrombosis, he could not think that embolism was the only cause of such abscess. In a number of cases which he had studied of hepatic abscess following dysentery, he had observed portal thrombosis around the abscess.

Dr. ALLEN said that in gun-shot wounds of the liver the pus therefrom was sometimes observed to have a peculiar color due to blood-staining, caused not so much, however, by the presence of blood as by its coloring-matter, hæmatin, or derivatives.

Head of the femur removed by excision in a case of coxalgia.

Dr. J. M. BARTON presented the specimen, from Mina F., æt. 10 years, with a decidedly strumous history; has suffered from the usual symptoms of coxalgia for the last fourteen months, suppuration beginning five months ago, the amount of discharge being quite moderate until the middle of December, when, the child having lost appetite and flesh, hectic fever having appeared, and the discharge from the sinuses becoming quite profuse, excision was determined upon.

"On December 22 I excised the head of the femur in the usual manner. The femur was found dislocated upon the dorsum of the ilium, as the deformity indicated. The acetabulum was free from disease, except a small portion of its lower margin, which was readily removed.

"The patient did remarkably well for two weeks. Appetite very good; bowels natural; no pain, and the discharge quite moderate in amount; but from this time she gradually sank, and died exhausted, January 11, twenty days after the operation.

"I have here also the upper extremity of the shaft of the femur, removed post mortem, showing the efforts at repair. It was nearly in contact with the acetabulum, and its attachments to the pelvis were quite firm."

* To this must be added the absence of any traumatic cause of necrosis of the ribs, and also the absence, as shown by careful examination of the patient's history, of any syphilitic taint.

Case of malformation of the nose.

Dr. FERDINAND H. GROSS, presenting the case, said that he had to exhibit the body of a male child born at term with a peculiar malformation of the nose. That the organ consisted of a mere cylindrical fleshy tube starting out from between the eyes or the position of the root of the nose, its dimensions being a little over an inch in length and about half an inch in diameter. That there was no cartilage of the septum nor columna, and instead of the two anterior nares there was but one small round opening or canal. It was quite soft and flexible, and bore a resemblance to the male organ of an infant.

Dr. Gross stated that the case had come to his notice under the following circumstances: That on the previous day, while visiting a case of frost-bite in the house of a midwife, the latter informed him that on the same morning a German woman, the wife of a butcher, had been unexpectedly taken with strong labor-pains while standing at her stall in the market, and that there had been only time enough to get the woman into the house of the midwife, which was in the neighborhood, when she gave birth to this child. She reported that it showed signs of life immediately, that it cried, breathed imperfectly for nearly an hour, and then died. The body was quite livid when first shown to Dr. Gross, and the cause of death was no doubt asphyxia.

The mother was twenty-four years of age, and had borne four healthy children.

The specimen was referred to a special committee, consisting of Drs. F. H. Gross, Harrison Allen, John Guitéras, and John M. Keating, for examination and report.

Cystic kidneys; obstruction by enlargement of the lateral lobes of the prostate gland.

Dr. W. H. PARRISH presented the specimen, for Dr. C. M. HARRIS. A. F., aged about 60 years, died January 10, 1875. He was seen by Dr. Harris for the first time one day before death, and no history of prior condition could be obtained. When seen, he was suffering with pelvic and abdominal pains, and pain down each thigh. He died in slight coma, without convulsions.

Autopsy, January 11, 1875.—There was general emaciation; slight atheroma of valves of *heart*. *Lungs* normal. *Liver* cirrhotic. *Intestinal tract* apparently normal. *Prostate gland* greatly enlarged and quite firm. *Bladder* contracted, walls much thickened and in a rugose condition; the openings of the ureters into the bladder were diminished in calibre. The *ureters* were examined only at their extremities; the upper extremities were dilated. *Pelves of both kidneys* dilated, as were the calyces of both. In the pelvis of the left kidney and upper portion of the left ureter were about two ounces of muco-purulent fluid.

The parenchyma of both kidneys was diminished in quantity, as if atrophied from pressure.

Hermaphroditism.

Dr. JOHN M. KEATING exhibited the specimen, which was referred to a special committee, consisting of Drs. Keating and Harrison Allen, for report. The Committee reported, January 28, 1875, as follows:

"Your Committee to whom was referred the specimen of hermaphroditism exhibited by Dr. J. M. Keating have to report that, upon examination, the *uterus* and ovaries were found in position, not presenting any abnormal conditions in regard to shape and development. Immediately in front of them was seen the bladder, much contracted by the action of strong alcohol used to preserve it: it had assumed the character of a solid tumor before it was opened. *Ureters*, although somewhat torn, were easily traced, a probe passing readily through them. The relations of the urethra were normal. After careful search, neither testicles nor any trace of them were found within or without the abdominal cavity. Externally, the labia were much enlarged. The clitoris, though probably much contracted by the strong alcohol, was about the size of the penis at term. The anterior orifice of the vagina was obliterated by a true integumental growth, which was continuous with that of the perineum.

"Your Committee therefore conclude that the specimen belongs to the class of spurious hermaphrodites characterized by the presence of true female organs conjoined with excessively developed external organs and imperfect development of the vagina."

Lipoma.

Dr. JOHN ASHHURST, Jr., exhibited a large fatty tumor removed from the left infra-mammary region of a male adult. The growth was, as is usual with tumors of this nature, surrounded with a distinct capsule, which sent off prolongations, forming septa which separated the several lobes of the mass.

Scirrhous cancer of pancreas, liver, and lung; hydatid cyst of liver.

Dr. H. R. OSGOOD presented the specimens, and read the following history: "The organs which I have the honor of presenting to the Society were taken from the body of a female, æt. 81. I was called to this person shortly before her death. Found her in great discomfort, the painful symptoms radiating from the vicinity of the stomach. Patient referred her pain to a spot somewhat at the left of the median line, but in the epigastric region. Pressure revealed the greatest sensitiveness in the median line an inch or two below the xiphoid cartilage. The patient was annoyed by constant vomiting, and was unable to retain either food or drink. It was principally with reference to this symptom that I had been called, for the pain just mentioned, although constant, was not excessive. It was only when I resorted to palpation that it became unbearable. Percussion also created such distress that because of the advanced age and great debility of the patient, and especially since I saw she was sinking, I refrained altogether from any attempt to establish a diagnosis, and directed my attention to the relief of the gastric symptoms. Under the influence of bismuth and morphia the vomiting ceased, and a fair amount of milk and lime-water, as well as beef-tea, was taken for a short time. Wines, including champagne, were not kindly borne. The heart pulsated normally. I discovered a mild bronchitis, which accounted for the patient's cough. There was obstinate constipation, which was relieved by enemata. After a day or two of the improved condition of the stomach, the patient again refused food of every sort. Injections of beef-tea were administered without avail, and she passed quietly away. I regret that my clinical details are so meagre; yet, under the circumstances, I felt justified in sparing the patient what would have been a painful examination. She was in a too prostrated condition to give me her history. Her immediate attendants simply knew that she had been treated for dyspepsia during the past summer at the Woman's Hospital. It was not until after her decease that I had the good fortune to learn some details of her history from a lady to whom the patient had several months ago related them. It seemed that the deceased referred the beginning of her illness to a day so long as twenty-five years ago, when she was engaged upon her son's farm in gathering stones, which she removed by the help of basket and apron. She had filled her basket, and then proceeded to fill her apron, the end of which she held in one of her hands. Upon lifting her basket with the other hand she suddenly felt something give way in the vicinity of her stomach. She fell senseless to the ground, and was carried to her bed, in which she re-

mained for a period of eight weeks. Subsequently she labored constantly, but with less strength and vigor than formerly. Excepting that the patient never entirely recovered from the effects of this occurrence, I could learn nothing concerning her health during the seventeen years which intervened between this and another injury which the patient received in falling down a flight of stairs. This was eight years ago. She was again taken up senseless, and again confined to her bed for several weeks. Patient thought this fall aggravated the original injury, and never felt well thereafter. Previously a very stout person, she became much reduced in weight. She frequently said there was some internal derangement, and, curiously, imagined that her 'sweetbread' was involved. She was familiar with the anatomy of the pig, and hence her remarkably correct supposition. The remitting symptoms of her ailment during the past eight years were great restlessness, irregularity of appetite, frequent vomiting of food, pain in the epigastric region, obstinate constipation. These data of her complaint became so severe in the early summer of last year as to lead her to seek aid at the Woman's Hospital, where a physician examined her with great care and finally pronounced the difficulty a violent form of dyspepsia.

"The friends of the patient consented to a post-mortem examination of the body. There was marked emaciation, but no external signs of injury. Heart somewhat atrophied, its muscular tissue flabby, valves normal. Slightly atheromatous condition of the ascending aorta. Left lung in a fair condition. Right lung bound down by pleuritic fibrous tissue of great age and immense strength, besides which the antero-posterior far exceeded the lateral diameter of the thorax. I could have removed the lung only by slow dissection, and, having only half an hour for the entire examination, was obliged to leave the lung in position. I could see, however, that it was studded with pale-yellow nodules, varying in size from that of a pea to that of a filbert. I cut off a slice of lung containing one of these nodules, and have since examined it under the microscope. Upon uncovering the liver, I found its upper and anterior surface studded with projections varying in size, and of a color somewhat lighter than that of the surrounding hepatic tissue. Removed the liver, and found these nodules generally distributed throughout the organ. The whole liver was atrophied, especially the left lobe, in the lower border of which were fine specimens of scirrhous degeneration. In the same lobe and same situation, but nearer the longitudinal fissure, I found a beautifully-proportioned cyst one and one-half inches in diameter. Its walls consisted of firm fibrous tissue. It fluctuated but slightly. If I had then known that I would be permitted to take possession of these organs, I should have left the cyst intact for the observation of the Society. I opened it, and there exuded not fluid, but a thick cheesy matter, followed by a jelly-like mass of friable consistence. The cheesy matter occupied one-third of the interior of the cyst, and completely surrounded the gelatinous mass which filled the centre. The gall-bladder was distended by one large calculus. Removed the stomach. I found its internal surface in a condition of chronic hyperæmia, and abundantly covered by a catarrhal secretion. No contents; color dark brown; otherwise normal externally as well as internally. I next sought for the pancreas, in the place of which I found a large solid mass attached to the spinal column. I removed it, together with the spleen, which came with it. Latter organ small and normal. Cutting into what I supposed to be the pancreas, but which was a shapeless mass, lacking the tail of that organ, my knife gave the "cry" characteristic of scirrhous tissue. In the mesenteric fat about it, were curious coils of calcification. Further than this I did not examine, except to see that the kidneys were normal. I saw that these organs presented the rare combination of scirrhous cancer and hydatid, and finally prevailed upon the friends of the patient to allow me to take them away. I regret that I was forced to leave the right lung. Upon subsequent examination of the contents of the cyst, I found in the jelly of its centre an occasional hooklet, crystals of cholesterine, débris of various sorts. It is then a hydatid cyst in a condition of fatty degeneration. I did not examine the cheesy matter, not deeming it necessary.

"The embarrassing feature of these organs is the condition of the pancreas. What I supposed to be its body and head, upon further examination suggests an enlarged mesenteric gland. I do not find the head of the pancreas. This mass is on the left of the aorta (which, I may remark at this point, is atheromatous and calcified). The superior mesenteric artery plunges into this mass, turns upon itself, emerges half an inch from its point of entrance, and terminates in the calcified loops already mentioned. I have indicated its course by a bit of cord. The splenic artery leaves the aorta (for there seems to be an extremely short cœliac axis) and runs straight to the left. But, while in its normal relation the artery passes along a groove in the upper border of the pancreas, in the specimen under consideration it passes outside the lower fourth of the mass posteriorly. Its left cut extremity, however, lies directly above a tissue which may suggest mesenteric fat, but which, judging from a very brief microscopic examination, I am inclined to think is pancreatic,—probably the remains of the tail of the pancreas.

"On the other hand, the splenic vein, which normally pursues the same course as the artery, but in an opposite direction, coursing below its artery, begins at its splenic end in proper relation to its artery, viz., below it. Its course, however, takes it above the artery, and it finally plunges into and through the very centre of the fibrous mass at least an inch above the origin of the splenic artery. I have indicated the course of both artery and vein by straws. So much for the hints given by these vessels. The main question seems to be, Where is the pancreas? A portion of its body and tail is, I believe, to be seen. But the head has disappeared, and the fibrous mass lies to the left of the abdominal aorta, the proper position of the head of the pancreas being on the right of that tube. The fact that the superior mesenteric artery forms its first loop in the substance of the fibrous mass would seem to be a proof that this mass is an enlarged gland. But in its very centre we find the splenic vein, and at its left border pancreatic tissue. May not this body have taken up the head of the pancreas as well as the splenic vein? Concerning its actual situation in the body of the patient, judging from its relation to the abdominal aorta and such of the pancreatic tissue as we find, it may be taken for granted that it lay a little to the left of the normal site of the head of the pancreas, but that, while a portion of its bulk occupied a plane somewhat above the normal level of the body of the pancreas, its main bulk took the place of the body and angle of that organ. As already mentioned, the splenic artery at its left extremity lies upon pancreatic tissue, and immediately in connection with the tissue was the spleen, which I removed and left behind. This residue of the pancreas appears to extend directly into the fibrous mass at the right. I have refrained from mutilating the mass beyond the original cut, thinking it would be more instructive if I left the specimen as it is, for the inspection of the members, hoping it would then be referred to the Committee on Morbid Growths for further examination.

"After I had gained the unexpected permission to take the organs away, I sewed up the hydatid cyst with its

contents and restored it to a condition which will sufficiently indicate its original appearance.

"The small nodule which I removed from the lung, I have examined under the microscope, and find its structure similar to that presented by the nodules in the liver. The combination of conditions shown by the specimens is rare. We have cancer of the lung, cancer and hydatids in the liver (I cannot say there was no hydatid in the right lung), and a condition of the pancreas which demands further study. In regard to the cyst, I would call attention to the fact that it existed in the body of a person eighty-one years of age, which is very unusual. According to Budd, hydatid tumors are so rare in the aged that he limits them to the years of life between six and fifty. The oldest of Frerichs's hydatid-patients was sixty-five. Davaine finds this form of tumor between the ages of twenty and forty. Single hydatid cysts are also very rare in the left lobe of the liver.

"I will add merely that the specimens have been kept in a fifteen-grain solution of chloral, and have, I think, retained their original color, consistency, and freedom from odor more perfectly than would have been possible in any other preservative."

PHILADELPHIA COUNTY MEDICAL SOCIETY.

AT a conversational meeting held Wednesday, December 23, 1874, at 8 o'clock P.M.,

THE PRESIDENT, DR. W. L. ATLEE, in the chair,

Dr. O'HARA exhibited a patient he had attended some six months previous with an injury about the cervical vertebræ, supposed at the time and for two weeks after to be a fracture of the odontoid process. That opinion was afterwards given up, but at this time some trouble remains which he considers to have been caused by laceration of the atlo-axoid ligaments. Opinions as to his present condition differ, and he introduced the case as one in which there was some obscurity, and would like to have an expression of opinion from the members present. It was one of those cases where opinions are given in court diametrically opposite, and lead to prejudice against the profession.

Prof. H. H. SMITH, after an examination of Dr. O'Hara's case, thought the odontoid process could not have been broken. No authenticated specimen of such fracture had ever been found, and the few cases reported were from extreme violence; this patient, from his present symptoms, had suffered probably a fracture of the fourth spinous process of the cervical vertebra, and he had also an enlarged bursa, or movable body, under the muscles and fascia of the back of the neck.

Dr. W. L. ATLEE, after an examination of Dr. O'Hara's case, said that he did not think it a fracture of the odontoid process. The small protuberance was too low down to indicate an injury at that point, being full one and a half inches below the axis vertebra. Neither could he make out a fracture of the spinous process of any of the cervical vertebræ. He thought the primary symptoms may have resulted from shock, and the subsequent ones from inflammation and its results, and that the small movable knot on the back of the neck was not a portion of detached bone, but an enlarged bursa.

Dr. O'HARA asked if any gentleman could give his experience in monobromide of camphor. In one or two cases of approaching delirium tremens in broken-down subjects, he administered it in three-grain doses every two hours, and after a few doses seemed efficacious in inducing sleep.

Dr. H. C. WOOD, in reply, said that our knowledge of the action of this drug is very limited and uncertain.

Dr. J. M. BOISNOT then read a paper,—subject, "A Case of Purpura Hæmorrhagica requiring Transfusion."

Dr. WOOD said he was interested in the paper, and asked Dr. Boisnot his grounds for so referring the purpura to a fall.

Dr. BOISNOT considered that such an accident might be referred to as a remote cause for want of a better; the child had never been ill during the interval.

Dr. ATLEE asked Dr. Boisnot whether the full amount of four ounces of blood had been introduced, and what was the time consumed in injecting it.

Dr. BOISNOT replied that the amount transfused was four fluidounces, and the time about two minutes.

Dr. ESHLEMAN asked whether there was much blood lost by epistaxis.

Dr. BOISNOT said there were about ten attacks of epistaxis.

REVIEWS AND BOOK NOTICES.

A SERIES OF AMERICAN CLINICAL LECTURES. Edited by E. C. SEGUIN, M.D. Vol. I. No. 1.

This lecture, by Professor Louis A. Sayre, on Diseases of the Hip-Joint, is the commencement of an indefinite series, whose number we suppose will be governed by their success, in imitation of the famous Alkmann Sammlung Klinischer Vorträge. Of course, no better selection could have been made than that of Professor Sayre to write the lecture upon hip-joint disease; but, as all the names as yet announced as contributors are those of New York physicians, we are tempted to suggest to Dr. Seguin that Gotham, though it has produced three wise men, is not America, and that if he really desires to do justice to American medicine and to do all in his power to secure practical success to his undertaking, he should widen his horizon. The typographical appearance of the lecture is very creditable to its publishers, whose efforts we trust will be sustained by the profession.

THE MICROSCOPE AND ITS REVELATIONS. By WM. B. CARPENTER, M.D. Fifth Edition. Philadelphia, Lindsay & Blakiston, 1875.

We are always glad to see an American imprint upon an English-printed book, as we take it as an indication that the author has got, or is to get, at least some compensation from his American readers. Either because the book deserves it or because we are influenced by natural prejudices towards the favorite source of our early knowledge, we deem this work of Dr. Carpenter's the best general work on microscopy in the language; and a somewhat cursory examination of our old favorite in its new dress indicates that it has been in all respects brought thoroughly up to the times.

REPORT OF THE HEALTH COMMISSION OF THE STATE OF NEW JERSEY, 1874.

The pamphlet before us is one of the many indications that our various governments are beginning to appreciate the value of State medicine. The Commission was a preliminary one, and the result of their labors has been to bring forward a proposed law, modelled after that of Massachusetts, for the formation of a State board of health. The arguments they offer in favor of this or some similar enactment are unanswerable except by the passage of the law, which we trust will take place this winter.

EATING FOR STRENGTH. By M. L. HOLBROOK, M.D. New York, Wood, Holbrook & Co., 1875.

The chief value of this book, if value it have any, consists in the receipts contained in it. As our cook has

not found time to test these as yet, we offer no opinion concerning them. The book, however, comes in such questionable form that we do not think the profession will be committing hari-kari in practising towards it total abstinence. In justification of this remark, we would state that the title-page informs us that the author is the editor of Herald of Health, Parturition without Pain, etc.

GLEANINGS FROM OUR EXCHANGES.

MANUAL DILATATION OF THE OS UTERI AS A MEANS OF INDUCING PREMATURE LABOR (*Boston Medical and Surgical Journal*, February 4, 1875).—Dr. A. D. Sinclair strongly recommends the use of the hand of the obstetrician as a uterine dilator, in preference to sponge tents or other instrumental means, for the following reasons: 1. The hand is always available. 2. It can be easily governed. 3. Wherever a sponge tent or rubber bag can be inserted, the finger may be introduced. 4. The hand and the brain of the operator being in constant sympathy, giving him the precise idea of the condition of the parts, he is enabled to regulate the force necessary to effect dilatation. 5. Artificial dilators frequently require manual aid to keep them in place. 6. As the skilled surgeon, in the process of certain operations, finds greater safety in the use of the fingers than the knife, so may the obstetrician substitute his hand for artificial means as often as practicable.

In nine cases of convulsions, uterine hemorrhage, placenta prævia, vomiting, etc., in which this method was used, seven recovered and two proved fatal. The process of dilatation in a primipara, seven months advanced in pregnancy, is thus described:

The patient was chloroformed. The hand being oiled, a finger was passed into the orifice of the vagina, which was small; but after a short time it yielded to gentle pressure sufficiently to admit the whole hand. In the same manner the entrance into the os uteri was effected. Although the opening was so small as not to admit the point of the index-finger, the exertion of gentle force effected an entrance. Waiting until the cervix relaxed, another finger was then passed alongside the first, held until further relaxation ensued, when a third finger was insinuated, and so on until the five fingers, wedge-shaped, were all engaged within the cervical cavity. By gentle force, patiently sustained, the whole hand could now be passed into the cavity of the uterus, but it was allowed to remain in the cervical cavity until complete relaxation had taken place. This important point should be borne in mind, for on it greatly depends the success of the operation. The child was turned and extracted, and is now living. An hour and a half was occupied in the process, with no evidence that the soft parts had suffered contusion. The only uterine contraction observed was while the hand was in the womb; and deep anæsthesia was required to overcome it.

SURGICAL TREATMENT OF CAVITIES IN THE LUNGS.—The Berlin correspondent of the *Irish Hospital Gazette* (February 1, 1875) has, in conjunction with Dr. Koch, made a number of experiments on the effects of the injection of a strong solution of iodine into phthisically diseased lungs. The solution used was one part iodine and one part iodide of potassium to twenty parts of water. In no case was the operation followed by any unpleasant reaction; in quite a number of cases the temperature, which before the operation was that of hectic fever, sank immediately afterwards to normal, and remained there for several days. None of the patients complained of any subsequent pain, but in no case was the phthisical tendency arrested. The disease seemed to run its ordinary course, and whenever a post-mortem examination was made the affected lung-tissue showed the evidence of having been influenced by the injection.

STERILITY AFTER LITHOTOMY.—Mr. W. T. Teevan has published (Trans. Clinical Society, vol. vii. pp. 179, 180; and Trans. Path. Society, vol. xvii. p. 186) four cases of this in males operated on by the lateral operation for stone. The stones removed from the bladders do not appear to have been large, and the subjects of operation were all young, two being infants. Mr. Teevan explains it by the operation, as usually performed, involving a laceration of the floor of the prostatic urethra, the ejaculatory ducts being torn across, or the orifices plugged with inflammatory exudation in the process of healing.—*Student's Journal.*

NOTES AND QUERIES.

LOUISVILLE, WINSTON COUNTY, MISS., February 26, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

MR. EDITOR,—I see in a number of your journal (Feb. 20) an article headed "Sulphate of Quinine in Premature Labor," by Harvey L. Byrd, M.D., etc., etc. I think the doctor could with equal propriety have headed the article "The Use of Purgatives in Premature Labor." In the summer of 1832, after attending one course of lectures in Transylvania University I attended a lady who had miscarried several times at about the third month. I gave her pills of rhubarb and aloes so as to keep her bowels gently open; she kept up all the time, did her house-work, and went her full time, had an easy labor, and a healthy child. I think the doctor's pills much better than my pill was, which may have had some soda in it, but not certain. The bromide of potassium and chloral was, I presume, a good auxiliary, but she might have done *quite* as well without quinia.

Yours, etc.,

E. FOSTER.

AT a special meeting of the College of Physicians of Philadelphia, held Saturday, March 6, 1875, the following resolutions were unanimously adopted:

Resolved, That the Fellows of the College of Physicians have, with sincere sorrow and unusual emotion, heard of the death of Dr. George W. Norris, the Vice-President of the College, which occurred on March 4, after a long and painful illness.

Resolved, That, while submitting with reverence to the decree of Providence depriving them of one of their most esteemed associates, they cherish the consolation that regret for the loss sustained in his decease is accompanied by imperishable recollections of his personal worth.

Resolved, That the Fellows of the College have been deeply impressed by the courteous and gentle bearing of their late Vice-President, by his honorable conduct and high tone in his relations with his associates, by his studious avoidance of everything incompatible with the dignity of the profession of medicine, and by his entire freedom from all invidious personal assertion, while fully appreciative of the obligations of duty.

Resolved, That they regard his life and professional career as models worthy of imitation, and as eminently illustrative of the principles which have animated the conduct of the great and the good men of our profession.

Resolved, That his memory will be ever venerated for his whole-souled devotion to the interests of the profession, for his faithful maintenance of them, and for his life-long endeavor to promote the advancement and efficiency of that profession by his personal contributions.

Resolved, That the Secretary be instructed to transmit a copy of these resolutions to the family of Dr. Norris, and that they be published in the medical periodicals of this city.

JOHN H. PACKARD,
Secretary.

MEMORANDUM.

No changes of stations, etc., of officers of the Medical Department, U.S. Army, for the week ending Monday, February 8, 1875.